

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24480

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 137

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| 1. PLACE OF DEATH a. COUNTY ST. CHARLES | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY WARREN | |
| b. CITY (If outside corporate limits, write RURAL and give township) ST. CHARLES | | c. CITY (If outside corporate limits, write RURAL and give township) WARRENTON 109 | |
| c. LENGTH OF STAY (in this place) 1 day | | d. STREET ADDRESS (If rural, give location) _____ | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. JOSEPH'S HOSPITAL | | | |

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|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) HERMAN b. (Middle) SCHWARZE c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) JULY 21, 1949 | | |
|--|--|--|--|--|--|

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|-------------|------------------------|---|-------------------------------|------------------------------------|-----------------------------|-----------------------------|
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE | 8. DATE OF BIRTH SEPT. 6 1856 | 9. AGE (In years last birthday) 92 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
|-------------|------------------------|---|-------------------------------|------------------------------------|-----------------------------|-----------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | 10b. KIND OF BUSINESS OR INDUSTRY FARMING | 11. BIRTHPLACE (State or foreign country) WARREN COUNTY, MO. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|--|---|--|-------------------------------------|

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| 13a. FATHER'S NAME FREDERICK C. SCHWARZE | 13b. MOTHER'S MAIDEN NAME JUSTINE SCHLOMANN | 14. NAME OF HUSBAND OR WIFE |
|--|---|-----------------------------|

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. NIL | 17. INFORMANT'S SIGNATURE OR NAME Fred Schwarz | ADDRESS Warrenton Mo |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH June 20, 1949 |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis | | |
| | DUE TO (c) Cardiovascular Disease | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, watercraft, etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

| | | |
|---|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from June 20, 1949 to June 21, 1949 that I last saw the deceased alive on June 21, 1949, and that death occurred at 2:50 P.M., from the causes and on the date stated above.

| | | | |
|-------------------------------------|-------------------|-------------------------------|--------------------------|
| 23a. SIGNATURE Russell Glider, M.D. | (Degree or title) | 23b. ADDRESS St. Charles, Mo. | 23c. DATE SIGNED 7-21-49 |
|-------------------------------------|-------------------|-------------------------------|--------------------------|

| | | | |
|--|---------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 7-24-1949 | 24c. NAME OF CEMETERY OR CREMATORY CITY OF WARRENTON CEMETERY | 24d. LOCATION (City, town, or county) (State) WARRENTON, MO. |
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|----------------------------------|--|---|------------------------|
| DATE REC'D BY LOCAL REG. 7-23-49 | REGISTRAR'S SIGNATURE Francis Hamilton | 25. FUNERAL DIRECTOR'S SIGNATURE W. Nieburg & Co. | ADDRESS Warrenton, Mo. |
|----------------------------------|--|---|------------------------|

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

72
93

District File Number _____
District Health Officer No. 9
RECEIVED
JUL 29 1949

4 JUL 29 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision. _____ Student Embalmer No. _____

Student _____
Student Embalmer

Signed John Shieburg
Licensed Embalmer No. 3897

P. O. Address Warrenton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

10-20-49